

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 31 1937

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

24905

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 Township St. Charles Primary Registration District No. 6248B  
 City St. Charles (No. KOCH HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louis Gosnell  
 (a) Residence, No. No. 16 m e St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred — yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blenche Isamell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>58</u>	<u>2</u>	<u>9</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 1-9-1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Alvin Gosnell

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Emma Olds

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Hotel Hospital Record (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE TIPTON, MO DATE June 11 1937

19. UNDERTAKER (ADDRESS) B. J. Tanner 6807 N. Central Bridge Rd

20. FILED June 5 1937 J. Moberg Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1936, to 6-5, 1937  
 I last saw him alive on 6-4, 1937 Death is said to have occurred on the date stated above, at 4 P m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tbc  
Uremia?  
 Other contributory causes of importance: Syphilis - CNS

Date of onset	<u>1931</u>
	<u>4 days</u>
	<u>1900</u>

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Paul Murphy M. D.  
 (Address) Koch Hospital, Koch, Mo

NO. 1118